

Podcast: Problem Gambling with Kathryn Power and Keith White

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Kathryn: Hello, everyone. Welcome to a continuing series of discussions about problem gambling. I'm Kathryn Power. I'm the regional administrator in region one for Substance Abuse and Mental Health Services Administration and I am the lead for the topic of military service members, veterans, and their families here at SAMHSA. And with me, I have Keith White. And I'll have Keith introduce himself.

Keith: Hi, I'm Keith White. I'm the executive director of the National Council on Problem Gambling.

Kathryn: We have started a series of podcasts relative to this issue and it's an issue that is of grave importance, not only to the National Council, but to SAMHSA for a variety of reasons in the sense that SAMHSA's mission is to reduce the impact of mental illnesses and substance use disorders on America's communities, and we often see that when we talk about individuals mental health that we are referring to their behavioral health, their emotional health, a set of behaviors, a set of conditions that has a deep meaning across a variety of experiences and families and sectors and venues. Our first podcast was a discussion between Keith and myself relative to the issue of problem gambling in the older adult population. And we actually were intrigued by the fact that smoking often occurs in those gambling environments. We had a conversation about how smoking could affect the individual's behavior relative to their health conditions. Also the fact that older Americans often go to gambling sites, and what are the consequences of them going to those gambling sites in terms of their behavioral health condition? Today's topic is a discussion about the military, and Keith and I are just going to talk a little bit about why this is an important topic, and I am going to start off with the fact that I was a military kid and I grew up on military bases all my life and then married into the military. And I can tell you that DoD – the Department of Defense – does invest in providing gaming environments for the individuals who serve in the military on an active basis in a variety of environments. So, I think the first piece of information is to establish the fact that the Department of Defense participates in promoting I would say, a gaming environment. In many cases, they hope that will relieve boredom and that it will give people serving in the military an opportunity to entertain themselves, etcetera. Keith, do you want to commit a little bit about that in terms of how that presents a unique situation for us?

Keith: It does. It's recreation, so it's run by the Department of Morale, Welfare, and Recreation. And folks may not be familiar with that. It's frankly, it's recreation, but it's recreation with risk. And what we see today are thousands of slot machines at out overseas bases. They are prohibited from being places on continental United States bases. It's only the OCONUS bases that have slot machines. There are various justifications that have been given for this. The slot machine program has a long history in the armed forces. But some of our concerns are that when we start looking at the risk profile for the addiction, we start looking at where these machines are clustered in the officers clubs and the enlisted men's clubs, where there is obviously alcohol being served as well, and as far as we can tell, there are very few preventative measures taken in terms of gambling. And we think that you are looking at some high risk factors among the military population, and their dependents, and it results in quite possibly a high rate of gambling addiction. So, we are keen to work with SAMHSA through the [?] task force, and a

number of venues, to try and determine what we can do to protect troops and their dependents from gambling addiction and encourage treatment and recovery.

Kathryn: I think this is a unique balance for the Department of Defense relative to the fact that they use this. Obviously, they provide this as a source of recreation, but at the same time, that source of recreation is a source of revenue to help continue to promote its recreational use and/or use the revenues for other resources. So, there is a very fine balance it seems to me that the Department of Defense owes it soldiers, sailors, airmen, and marines that say if we are going to provide this for you, how are we ensuring that there is an appropriate use of those recreational opportunities and what happens then if the commanding officer or a fellow soldier identifies someone that is gambling in a way that presents a problem. Can you talk a little about what it means from your perspective when someone does have a problem gambling?

Keith: Sure. It's interesting because a lot of the external or visible factors are financial. So, we hear a lot from active duty members who are seeking help through the private system – through our system – is that they were in debt and often committed a crime, called a white-collar crime in the civilian world to finance their gambling. In the military world, these crimes are taken and treated much more differently. As far as we know, there are no treatment resources available for active duty. The military has not invested. The last program closed down in 1995. So, we have trained some counselors on a private basis in this system, and they may be able to get a referral through Tricare, but they are uniquely – one of the concerns is, if they have committed a crime to finance their gambling, even gone AWOL because they haven't left the casino, embezzled, written bad checks – it's often treated as a character offense or you know, something to be prosecuted rather than treated. So, there is no safe harbor as far as we can tell for military personnel with gambling addictions as there is a safe harbor for those substance use disorders. Nor is there any trained system to help refer these folks into on the military side, so we think it leaves these folks very vulnerable. In the three hot spots that we have seen from folks coming into our system Korea, Iceland, and Okinawa – Those are bases, some are multi-service, but they are often culturally, linguistically, and geographically isolated. The folks on post, both the service personnel and their dependents – seem to gravitate towards the machines because they just don't have anything else to do, and those are the three hot spots we've seen for people who have gambling addictions that have not been able to be treated in the military system and that have coming seeking help, not even through Tricare, but directly through the National Council. That's a small fraction of the estimated 30, 000 or so active duty troops that we believe have a problem.

Kathryn: So, in your estimation, this is an area where, frankly SAMHSA working with the National Council, may be able to inform both DoD and perhaps even the active duty service directly or even DoD broadly under the Defense Health Agency to take a look at this as a serious behavioral issue that they may need to address. You had referred at one point in our first podcast or in a later podcast that the only gambling addiction program that you are aware of had been operated by the VA. Is that still true and does the VA still operate?

Keith: That is still true. So, in the 70's, the VA at the [?] outside of Cleveland set up an inpatient unit for gambling addiction, and it's the world's oldest. They still operate today and they have a high waiting list

– it's fairly difficult to get in. But it's been the world's most successful programs. There is a long history on the VA side of addressing this. There are some outpatient programs at various VAMC's, but it's fairly informal. We know that, for example, when you look at the veteran's side using treatment services, 10% met criteria for pathological gambling. Another study of Native American veterans found 9% met the criteria for pathological gambling just in a community sample. Veterans with PTSD are about 60 times more likely to have gambling problem. And obviously, there is probably on the TBI side some very interesting discussions on the neuroscience level about folks with cognitive impairment, executive function – most of the tests we use to determine this are actually gambling-type tasks. So, if a veteran is being assessed at lower cognition, you know because of a TBI, and they are using gambling tasks to determine that, it is also probably likely that they will not do well gambling in the population. If you look at veterans hospitalized in the VA inpatient psychiatric unit, 28% met criteria for severe gambling addiction, another 12% for moderate gambling addiction. So, the numbers that we've seen are pretty high. There's obviously a high rate of depression and suicide. In fact, we have also looked and we have done case review files and even among veterans hospitalized at the VA for substance abuse, they were 50% -- they were underdiagnosed for gambling problems. So, they weren't being screened, weren't being assessed even in an inpatient substance abuse setting. Obviously, on the active duty side, it could really improve morale, welfare, and [?]. You know, I think there is a real benefit to cohesion and to the unit to be able to make sure that we know what to do if there is someone who may be having a problem.

Kathryn: I think that is true broadly across the addictions field and for too long, we have not taken gambling seriously enough across the other set of addictions, and talked about it openly in the way that we want people who think they might have a gambling problem or a family member who thinks they might have a person in their family with a gambling problem, we would like them to know that they can pick up the phone and talk to Military OneSource. Will Military OneSource refer them to an appropriate military Tricare provider that can provide gambling addiction services? I don't even know the answer to that question.

Keith: We have tried to find that as well and as far as we can tell – and we run most of the services on the civilian side that people would be referred to and it's very rare that we get anything from Tricare or Military OneSource.

Kathryn: So, if people are on active duty, they can actually come directly to you at the National Council?

Keith: They do. We are often the people of last resort. There is kind of a funny cycle that you see often played out in the media. If they go to substance abuse services, they say, "Well, that's substance abuse. We don't do gambling, that's behavioral health." If you go to the Chaplain, they say, "That's immoral, go to financial services." And they say, "This is an addiction, go to substance abuse services." And so there is this really interesting – and again, it's a cycle. We can help break that cycle. We believe troops might be a little bit higher risk in their dependence, not just because of the geographic isolation, but they tend to be risk takers. And gambling is a great way – if you come back from a mission and you desensitize, you want to zone out – gambling is a perfect way, just to sit there and hit that button over and over again, and hit that slot machine. Conversely, we see some of the action-junkies, the adrenaline folks that

want to stay high, that want to stay engaged – you can hit that button over and over again, you can keep that level of arousal going as long as you’ve got money.

Kathryn: We’ve found that many state legislatures have made the decision to focus on problem gambling, and put the problem gambling issue inside either the department of substance abuse or a division of substance abuse. And often what happens is that the legislatures say, “We care about this issue because – and oh, by the way, gaming in our state or we are anticipating getting more gaming in our state.” And I am obviously in a region – region one – which is exploding with gaming opportunities. What happens is the legislatures give them money to that department, but they give them – I mean, they give them the assignment, but they give them no money. There is very little money, and the notion of developing services – there are no resources to do that. And it gets loped into that again, circular idea that it’s an addiction, so we will just treat it with addiction, but it does take a specialized kind of intervention, a specialized kind of treatment over time, I would think that is distinct from what you might have in terms of a substance use disorder, etc.

Keith: Absolutely. Yeah, and so if gambling is the primary problem, you need specialized counseling, but even if it’s a comorbid problem, what we see a lot in our settings are folks that are in recovery from substance abuse and mental health disorders, but if the gambling problem that was there – but maybe not the primary problem – isn’t addressed as well, that’s going to be a huge trigger for relapse. You know, it’s the folks that have been in short to medium-term recovery from substance abuse, and the casino comes to town, and they are still staying sober, but they find themselves starting to go. It’s an easy transfer. And we know clinically this happens a lot. So, an unaddressed substance problem, we think is a major trigger for relapse. It’s a major trigger for these other co-occurring disorders that we know may be the primary presenting problem, but underneath there is a gambling addiction that is exacerbating these things. So, we know on the military side too there is a needs survey done of recruits in an Air Force deposit – Air Force Depot – 31,000 recruits were surveyed for their gambling. And while interestingly enough, they tended to gamble a little bit less than the general population, and there might be some fun reasons there, their rate of addiction coming into this service was twice that of the general population. We look at some of these sub-categories and we think that there is risk already present. And as you say, when you look at the policy side of things, the Department of Defense actually makes probably at least 150 million dollars a year off servicemen and their dependents from the slot machines at our overseas bases, in addition to the bingo and other games that are done state-side, yet none of that money goes back into health, none of that money goes back into prevention. It goes somewhere and obviously, there are substance abuse and behavioral health services, but incorporating problem gambling into that service has been a challenge, it’s been a struggle.

Kathryn: My dad was in the Navy and many, many years aboard ships, there is a lot of gambling that goes on. There is a lot of card playing, there is a lot of Ace-Deuce, a lot of – a variety of games that are wonderful in terms of learning them and playing them. Moving forward, it’s the leap into putting money on the table and beginning to lay bets on that kind of issues, and you are locked in an environment for a long period of time in which that is the only recreation you have. And maybe movies, maybe a couple other things, but it is a behavior that often times we don’t stop and think about, and we just assume that is part of the culture, and it’s a part of who we are as a serve member or a family member of a

service member, so I think it's helpful for people to just stop and think about it. Think about what they do, think about the way in which they use gaming as recreation, and think about the opportunities that they have to observe what happens in their family members. And think about asking the question – are the risks greater than the recreation that is derived from participating in that? And I think it's a really healthy question that I wanted to raise with our listeners to say, you may not hear much about problem gambling within the military, but it's a real issue. And I think that we want people to be paying attention to it and we want people to be able to look to either their state authorities or substance abuse arena for help. And if in fact they could not get help there, that the National Council and SAMHSA are also resources they could reach to.

Keith: And I think there is a lot more that we can do to make what we know work more available – more readily available to people in the active duty system and their dependents. We receive a number of calls from dependents who themselves – at least the service person will have their unit. Dependents often have fewer or no resources, so we work a lot with dependents as well. I mean, gambling is normalized and as we at least start to think about it, it's recreational and it should be recreational, but it's recreation with risk. And I think as you say, the theme with our problem gambling this month in March is have the conversation. Just to think about that it can be that the guy playing poker next to you, you know penny poker, might not be able to stop. That might be a problem for him and his family, somewhere there in a way that people would probably think a little more if they were all sitting around with some beers. We just haven't as you say – gambling has not always been something that's on that same level. If we can make some small steps here and there to really help minimize some harm, so that it can be and it can remain recreational.

Kathryn: Well, I think the conversation today has really opened my eyes to be able to say I have now a responsibility to make sure that as I continue to work with the Department of Defense and the VA to ensure that they know we are looking at this issue, and oh, by the way, joined by them to participate with us in a partnership to reach out to people, to build awareness, and we'll certainly look at marches and a way to do that. And why don't we just – for a final few moments here – let our listeners know how to get in touch with us and the kinds of resources that we might be able to provide.

Keith: Absolutely. So, through the National Council, through our website, which is ncpgambling.org, we have a wide variety of resources, tips, tools, information, screening tools. There's an online quiz. And the major way to get into the treatment system, if you will, is through the National Help Line. It will be text and chat enabled in March and we receive about 300,000 calls a year through that help line, which will then provide information referral anywhere in the United States. It's 24/7, it's confidential. And that number is 1-800-522-4700. So, that's sort of our one-stop shopping for folks who are looking for information in their area. The availability of services varies widely, but that's a good first place to start with the website and the help line. We do have a section of our website that is devoted to military veterans' issues. This is a topic we have been interested in for a long time. In fact, the founders of our organization, Senior Dune, was a retired military Chaplain who received a silver star in Korea and was airborne qualified and had a great legacy of working with military directors on this issue. Our other co-founder was Dr. Robert Custer, who was head of Mental Health Services for the VA. So, we have a 40-year tradition of working with military and veterans on this disorder.

Kathryn: That's terrific. Well, I want to thank Keith White from the National Council on Problem Gambling for joining me today. Again, I'm Kathryn Power from the Substance Abuse and Mental Health Services Administration. We stand ready together to continue this conversation in a series of podcasts around problem gambling and looking at it from various sectors, various populations, and making sure that we promote sound mental, psychological, and behavioral health for all Americans. You can reach SAMHSA's information at samhsa.hhs.gov – that's S-A-M-H-S-A dot H-H-S dot gov. And that will connect you to all of the resources that we have in terms of looking at addictive behavior and looking at other resources. And I particularly hope that what we will try to do Keith is make sure that your help line number gets on our webpage, which I think would be a terrific opportunity.

Keith: Wonderful.

Kathryn: So, thank you very much everyone for joining in and we appreciate your interest in the issues of problem gambling. Thank you very much.

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